|   |   |   |             |                                     |                  |                  |           |                    | Application or Docket Number              |                    |                      |                        |            |  |
|---|---|---|-------------|-------------------------------------|------------------|------------------|-----------|--------------------|---|--------------------|----------------------|------------------------|------------|--|
| Effective October 1, 2003   |   |   |             |                                     |                  |                  |           |                    | 1078-9259.                                |                    |                      |                        |            |  |
|   | CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |             |                                     |                  |                  |           |                    | SMALL ENTITY OTHER TO<br>TYPE OR SMALL EN |                    |                      |                        |            |  |
| F   | OTAL CLAIMS   |   |             |                                     | ſ                | RATE FEE         |           | 7                  | RATE                                      | FEE                | T                    |                        |            |  |
| F   | OR  | NUMBER                                    | FILED       | NUMBER EXTRA                        |                  |                  | BASIC FEE | 385.00             | OR  | BASIC PEE          | 770.00               | 1                      |            |  |
| 17  | OTAL CHARGEABLE CLAIMS  |   |             | ninus 20= • D                       |                  |                  | XS 9=     |                    |   | OR                 | XS18=                |                        | <b>t</b> : |  |
| EN EN   | DEPENDENT CLAIMS 4 intinus  |   |             |                                     | rs3 · /          |                  |           | X43=               | 12  | 1                  | X86=                 | <del></del>            | ড          |  |
|   | ULTIPLE DEPE  | TIPLE DEPENDENT CLAIM PRESENT             |             |                                     |                  |                  |           | +145c              | 43-                                       | OR                 |                      | -                      |            |  |
| 1.  | I the difference  | in column 1 is                            | less than z | polumn 2                            | Ł                | TOTAL            | 190       | •                  | TOTAL                                     |                    | ┨                    |                        |            |  |
|   | c   |   | ·           | 420                                 | łos              | OTHER            | THAM      | 1                  |   |                    |                      |                        |            |  |
| L   |   | (Column 1)                                |             | (Colum                              | nn 2)            | (Column 3)       |           | SMALL              | ENTITY                                    | OR                 | SMALL                |                        |            |  |
| V E   |   | REMAINING<br>AFTER<br>AMENDMENT           |             | NUME<br>PREVIO<br>PAID              | BEA              | PRESENT<br>EXTRA |           | RATE               | ADDI-<br>TIONAL<br>FEE                    | •                  | RATE                 | ADDI-<br>TIONAL        | ] .        |  |
| AMENDMENT   | Total   | . 5                                       | Minus       | - 3                                 | <u> </u>         |                  | ŀ         | X\$ 9-             | , FEE                                     | OR                 | X\$18-               | FEE                    | 1          |  |
|   | Independent   | . 4                                       | Minus       | -4                                  | /                | /                | l         | X43=               |   |                    | X86*                 |                        | 1          |  |
|   | FIRST PRESE   | NTATION OF M                              | JLTIPLE DE  | PENDENT                             | CLAIM            |                  | <b>├</b>  | A70-               | )   | OR                 |                      |                        | ł          |  |
|   | ;   |   |             |                                     |                  | •                | L         | +145=              | /   | OR                 | +290=                |                        | į          |  |
|   |   |   |             |                                     |                  |                  |           | YOYAL<br>DOIT, FEE |   | OR                 | . YOYAL<br>ADDIT FEE |                        | ł          |  |
|   | (Column 1) (Column 2) (Column 3) CLAUKS NIGHEST   |   |             |                                     |                  |                  |           |                    | 4001                                      |                    |                      |                        | 1          |  |
| AMENDMENT B   |   | REMAINING · AFTER AMENDMENT               |             | PREVIO<br>PAID F                    | USLY             | PRESENT<br>EXTRA |           | RATE               | ADDI-<br>TIONAL<br>FEE                    |                    | RATE                 | ADDI-<br>TIONAL<br>FEE |            |  |
| Š   | Total   | .3  | Minus       | -2                                  | Ø                | • /              | Γ         | X\$ 9=             | . /                                       | OR                 | X\$18=               | 1                      |            |  |
|   | Independent   | .3  | Minus       | - 4                                 | / ·              | • / .            |           | X43= '             | 7   | OR                 | X86=                 |                        |            |  |
| -   | FIRST PRESENTATION OF MULTIPLE DEPENDENT  |   |             |                                     | CLAIM            |                  |           | +145=              | 1.  | OR                 | +290≈                | /                      |            |  |
| Ì   | •   | •   | L           | TOTAL                               | <del>/</del>     | 00               | YOTAL     | <del>- </del>      |   |                    |                      |                        |            |  |
| C/  | 1.19.05   | (Column 1)                                |             | (Colum                              | r 21             | (Column 3)       | AD.       | OTT. PEE L         | ــــــــا<br>د                            | ,                  | ADDIT, FEEL          | 1.1                    | •          |  |
| MTC   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·           | HIGHE<br>NUMB<br>PREVIOUS<br>PAID F | SY<br>ER<br>USLY | PRESENT EXTRA    | ſ         | PATE               | ADDI<br>NONAL                             |                    | RATE                 | ADDI-<br>TIONAL        |            |  |
| AMENDMEN  | Total   | 1   | Minus       | - 2                                 | 0                | •                |           | X\$ 9.             | FEE .                                     | OR                 | X\$18=               | FEE                    | ·          |  |
|   | Independent   |   | Minus       | •••                                 | 4                | •                | -         | X43=               |   |                    | X86=                 |                        |            |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |             |                                     |                  |                  |           |                    |   | OR                 |                      |                        |            |  |
|   | * If the early in column 1 is less than the entry in column 2, write "O" in column 3.   |   |             |                                     |                  |                  |           |                    |   | OR                 | +290-                |                        |            |  |
| of the Pophess Number Previously Paid For IN THIS SPACE is less than 20, enter 20." ADDIT, FEE OR A |   |   |             |                                     |                  |                  |           |                    |   | TOTAL<br>COST. FEE |                      |                        |            |  |
|   | The "Highest Number Previously Paid For" (Hotal or Independent) is the highest number found in the appropriate box in column 1. |   |             |                                     |                  |                  |           |                    |   |                    |                      |                        |            |  |

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